

OFFICE RÉGIONAL DE LA SANTÉ
DES PARCS



Annual Report

2003-2004



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**Individuals, families and communities achieving
the best possible health and wellness**

Letter of Transmittal and Accountability

September 30, 2004

Hon. David Chomiak
Minister of Health
Province of Manitoba
Room 302 –Legislative Building
450 Broadway
Winnipeg, MB R3C 0V8

Mr. Minister:

We have the honour to present the annual report for the Parkland Regional Health Authority, for the fiscal year ended March 31, 2004.

This annual report was prepared under the Board's direction, in accordance with the *Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2004 have been considered in preparing the annual report.

Respectfully Submitted on Behalf of Parkland Regional Health Authority,

M Toderian

Merv Toderian
PRHA Board Chair



Message from Merv Toderian- Board Chair

Our Board has worked diligently during the past fiscal year, to address the issues and concerns surrounding health and health care delivery in the Region. It has at times proven very challenging and we realize there is much more work ahead. As we press ourselves towards improving and enhancing health services in the Parkland, we do so with the mindset that our health system continues to face several hurdles. Financial and human resource issues are just a few of those.

In keeping with the Board vision, "***Individuals, families, and communities achieving the best possible health and wellness***", we have enhanced our focus on partnerships, visibility, linkage and communication within our Region.

As part of our monthly Board meetings, which are rotated throughout the Region, we meet regularly with members of school divisions, our affiliated facility boards, aboriginal and northern affairs communities, municipal representatives, and First Nations communities.

I thank the volunteers who sit on our Health Advisory Councils within the Region. The advice and input provided by our Advisory Councils goes a long way to strengthen partnerships and linkages to our communities.

In closing, I would like to thank our management, staff and volunteers for the commitment they bring to their work. I, along with the rest of our Board, look forward to working with all of them, and our partners and stakeholders, over the coming year.

M Toderian



Message from André Rémillard, Chief Executive Officer

It is with pleasure that I submit the 2003-2004 Annual Report for the Board's consideration.

Reflecting back, this is my seventh annual report since the PRHA was formed back in 1997. Each one has seen its unique share of opportunities, highlights and challenges. It's hard to imagine that it has already been seven years since the RHA came into existence.

Since that time, the PRHA has been working towards more efficient and more effective ways of delivering services that meet the health needs of communities within the Region. In order to maintain health and prevent illness, we continue to shift emphasis from costly institutional programs to programs and services that:

- Support people in their homes
- Promote health and wellness
- Prevent illness and injury
- Encourage individuals to take personal responsibility for their health and well-being
- Enhance community capacity

Attempting to summarize the numerous accomplishments and challenges that occurred over the past year is not an easy task. However, as you read through this Report, I hope you will see that the PRHA continues to work towards achieving the five previously mentioned objectives.

A few other significant events which occurred in 2003-2004 included:

The Parkland Regional Health Authority appointed a **Client Representative** to receive, investigate and monitor client concerns throughout the Region. The Client Representative will assist in directing individuals to appropriate programs and services to meet their health needs, ensure clients are well informed about their rights and options, and assist in resolving specific concerns.

The PRHA's second-ever **Community Health Assessment** commenced during the past year. Public consultation meetings were held in 13 communities during the year ending March 31st. The initiative will continue into the 2004-2005 fiscal year, with a final report being submitted to Manitoba Health in September 2004.

The Region submitted a written report to the Canadian Council on Health Services **Accreditation** (CCHSA) in December 2003. (Accreditation helps us to compare our organizations services and methods of operation against a set of national standards.) Submitting this report was a part of our first-ever regional accreditation survey which occurred in 2001. CCHSA responded favourably to our report and the Region maintained its 3-year accreditation status.

Presently, Regional Accreditation Teams have been hard at work reviewing Council standards in preparation for our next accreditation survey which will take place in October 2004. We thank all members of the Teams for their hard work and commitment to this very important process.

In the spring of 2003, the PRHA conducted its first **Staff Satisfaction Survey**. About 40 per cent of the staff participated in the survey and the results were favourable. Overall, nearly 72 per cent of staff surveyed were either satisfied or very satisfied with their job.

The Fourth Annual Parkland Regional Health Authority **Retirement and Long Service Awards** were held in September 2003 and again were very successful and greatly appreciated by all staff who received awards and achieved individual career milestones.

Despite our many successes of the past year, the PRHA was again faced with **financial and human resource challenges**. As a result of those challenges, the PRHA incurred a deficit of nearly \$388,000 during 2003-2004. This deficit will be paid off from surpluses the Region has accumulated in past years.

I would like to take this opportunity to thank RHA staff and management for their significant efforts and contributions throughout the year. Without their commitment to the Board, and our customers, the citizens of the Parkland Region, little could be achieved or accomplished.

In closing, we appreciate the direction and support provided by the Board, and look forward to another challenging and successful year ahead.

PRHA Board



2003-2004 Board- **Front left:** Merv Toderian- Chair RM Ochre River. John Zaplitny-Gilbert Plains. Jim Compton- Dauphin. Gordon Bishop- Ste Rose. **Second row left:** Heather Morden- McCreary. Anna Stewart- Roblin. Anne Lacquette- Mallard. Myrtle Bilow-Birch River. **Third row left:** Dot Connolly-Sifton. Monica Black-Bowsman. Esther Fyk-Garland. **Back left:** Doreen Stammen- Rorketon. Barry Chalmers-Swan River. Paul Freed- Swan River.



Henry Borne- The PRHA Board dedicates this Annual Report to former Board member and colleague- Henry Borne (Dauphin), who passed away on September 2004 at the age of 68.

Mr. Borne was first appointed to the PRHA Board in April 2000 representing Fork River and was later reappointed for his second term in April 2003 as a resident of Dauphin.

Henry served on several Board Committees including the Provider Advisory Council, Finance/ Audit Committee, Program & Planning Committee, and Leadership & Partnership Committee.

The Board will miss Henry's dedication, commitment and compassion which he displayed for health care programs and services within the Parkland Region.

The Parkland Regional Health Authority

The PRHA was established April 1, 1997 under the provisions of The Regional Health Authorities and Consequential Amendments Act (Bill 49). The PRHA is accredited by the Canadian Council on Health Services Accreditation and it offers a wide range of health services and programs to residents within the Parkland Region.

The PRHA is responsible for the planning, coordination and delivery of all health services for Parkland Region. It delivers services through its own programs as well as through programs provided through service purchase agreements with affiliate organizations.

The Role of the PRHA Board

The PRHA operates under the direction of a 15- member Board, which is responsible to the Minister of Health. The Board's role is to ensure the organization's accountability by monitoring and evaluating its performance and by interacting and communicating with the public, stakeholders and partners.

Board Vision

"Individuals, families and communities achieving the best possible health and wellness".

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Board Mission

In Pursuit of its Vision, the Authority exists so that there will be

- Treatment for the Ill and Injured
- Healthy Lifestyles
- Healthy Environments
- Optimal Quality of Life

Board Governance

The Board has set four **Ends** that it reviews on a regular basis. (Ends are the measurable goals, impacts and outcomes the Board wants to achieve.)

The Board concentrates on areas where data indicates our Region needs improvement.

Specific to the Ends policies, the Board receives **monitoring reports** on the status of progress towards these Ends. These monitoring reports provide an overview of results relative to each End.

On its part, the Board reviews the organization's progress towards its declared Ends, determines whether or not progress is satisfactory, and evaluates the CEO's (and the organization's) performance based on these results. As well, the Board may review and/or modify the Board's Ends and expectations for the following reporting period.

Board Highlights

During 2003-2004, there were several key events and initiatives that occurred. They included, but were not limited to:

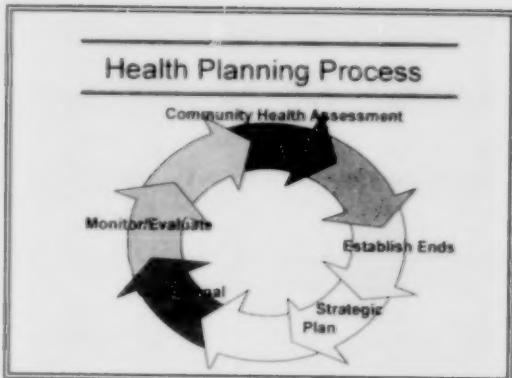
Accreditation- The PRHA reported back to the Canadian Council on Health Services Accreditation in December 2003, on four areas in relation to its 2001 Accreditation Review. All four areas were again reviewed by the Council and were approved, allowing the PRHA to prepare reviewing and monitoring measurable standards for our next accreditation survey in the fall of 2004.

Emergency Planning- An incident command training session with PRHA emergency staff, managers, executive and affiliate representatives was held in November 2003. The purpose of this training session was to prepare the Region in developing emergency plans, and have a system in place to deal with a crucial incident, should one befall our Region. Emergency preparedness continues as an ongoing project for the Region.

Advisory Council Workshop- A special workshop with the PRHA *Health Advisory Councils* was held in November 2003, which concentrated on the Community Health Assessment process. The Health Assessment is very important to health planning, and assists the Board with its five-year Strategic Plan, which will be compiled in 2005.

Clinical Pastoral Education Program- The PRHA Board moved ahead with the Clinical Pastoral Education Program, through the Board's Spiritual Advisory Council. Five students representing three different faith groups, were selected to complete over 400 hrs of clinical training in pastoral care. It is anticipated students will provide pastoral care in their home communities and will also be assigned to various wards within the Dauphin Regional Health Centre. A training program for volunteer pastoral care workers is also being developed.

Health Assessment consultations- The PRHA began proceeding with its second-ever Community Health Assessment in June 2003. Community consultations commenced in several PRHA municipalities as just one part of the information gathering process. The Community Health Assessment examines the way health services are used,



Advisory Council members gather for the Advisory Council planning workshop in November 2003



Annual General Meeting guest speaker Janet Smith spoke about the Manitoba Farm and Rural Stress Line

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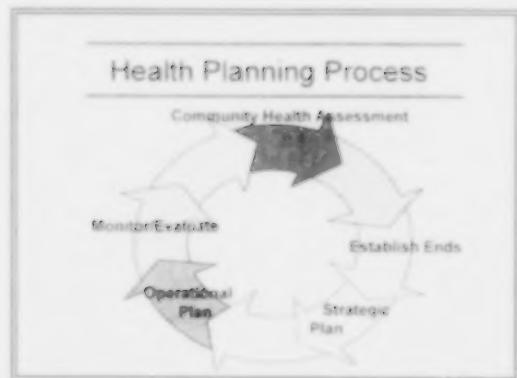
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Annual General Meeting guest speaker Janet Smith spoke about the Manitoba Farm and Rural Stress Line

what health services we have and the ability of the Region to respond to health needs. The findings will be used for variety of purposes, including the development of the Region's next strategic health plan (2006-2011).

Board Strategic Planning Session- During the past year, the Board held a *strategic planning session* to review and amend its Ends Policies. (Ends are the measurable goals, impacts and outcomes the Board wishes to achieve.)

Issue Lobbying- The Board was extremely pleased with the legislation developed by the Provincial All Party Task Force on environmental tobacco smoke. In September 2003, the Board made a presentation to the Task Force in Roblin, presenting facts that supported an outright ban on smoking in all public places. This mirrored what the PRHA Board had stated to all of the Region's municipal leaders when they met during the year.

Annual General Meeting- The Annual General Meeting in November 2003 featured Ms. Janet Smith, Coordinator of the Manitoba Farm and Rural Stress Line. She spoke about the very challenging year the agriculture community faced, and what programs and services the Stress Line was able to provide.

Board Committees

The Board has four standing committees to assist the Board in carrying out its responsibilities. They are:

Executive Committee- Acts on behalf of the Board in urgent situations, when it is not feasible or practical to convene a meeting of the entire Board. The Committee must report any actions taken at the next meeting of the Board and it does not have the authority to change Board bylaws or policies or act against them.

Finance and Audit Committee- Reviews options and implications for the Board's consideration regarding finance, audit, and capital planning issues. The Committee also reviews the appropriateness of the Board's own spending, in areas such as expense reimbursement, Board development and other Board expense accounts.

Program and Planning Committee- Helps identify a list of ongoing educational needs of the Board and provides written alternatives and implications for the Board's consideration regarding how to meet those educational and developmental needs. The Committee also reviews policy alternatives and implications for the Board.

Community Relations Committee- Reviews and makes recommendations to the Board in relation to the Board's communications with its stakeholders. The Committee also advises the Board on policies and procedures relating to Board interaction with Advisory Councils, municipal and provincial politicians and the general public.

Board Advisory Councils

The Board meets with and relies on input from five *Advisory Councils* as a means of linking back to communities. These Advisory Councils are an important mechanism for participation and planning within the Parkland health system. The role of Advisory Councils is to understand issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board.

PARKLAND ADVISORY COUNCILS

District Health Advisory Councils (DHACs)- The PRHA has two District Health Advisory Councils, one representing the East and one representing the West. These two Councils generally meet four times a year and as specific projects and issues arise. They are focal points for community participation and an important vehicle for two-way communication with the PRHA Board.

Regional Mental Health Advisory Council (RMHAC)- The RMHAC acts in an advisory capacity to the PRHA Board and helps develop recommendations regarding mental health priorities in the Region.

Spiritual Advisory Council (SAC)- The Spiritual Advisory Council aims to integrate spirituality into our health care system. The Council advocates for the care and treatment of the whole person (physical, psychological, social and spiritual). SAC develops recommendations for the setting of spiritual care priorities and educational coordination within the Region.

Provider Advisory Council (PAC)- The Provider Advisory Council is a communication vehicle for the PRHA Board when it's evaluating plans for the health system. The Board relies on health service providers to present sound advice and most importantly recommend practical solutions, which apply especially to the Board End policies.

Board Advisory Council Members

Eastern District Health Advisory Council

Marlene Bouchard
Bob Curle
Diane Hrychuk
Gloria Kostelnyk
Joan Parthenay
José Randell
Robin Searle
Jannett Terrick
Ollie Yaremchuk

Western District Health Advisory Council

Eve Baptiste
Anita Dixon
Alf Dressler
Barbara Grexton
Dianne Hamiwka
Amy Shaw
Marilyn Simpson
Lorene Ward
Debra Wilson

Regional Mental Health Advisory Council

Alex Bassett
Anita Crate
Ben Fry
Ben Kardoes
Linda Mann
Garry Meadows
Sheri Peden
Bridget Mroczko
Sylvia Reid
Gerald Shewchuk
Eleanor Snitka
Wesley Rumak
Ella Wynn

Spiritual Advisory Council

Elvier Brunel
Michael Buyachok
David Johnson
Margaret McCallum
Olive Seale
Barb Sutherland
Pat Tichon
Allen Unger

Provider Advisory Council

Bonnie Chartrand
Fiona Jeffries
Lillian Stobbe
Terry Maxwell
Arlene Shoemaker
Pat Tichon



Western District Health Advisory Council- Front left are Dianne Hamiwka, Amy Shaw, Paul Freed (Board Liaison) and Alf Dressler. Back left are Debra Wilson, Lorene Ward, Anita Dixon, Eve Baptiste and Ellen Ledieu (Staff Liaison)

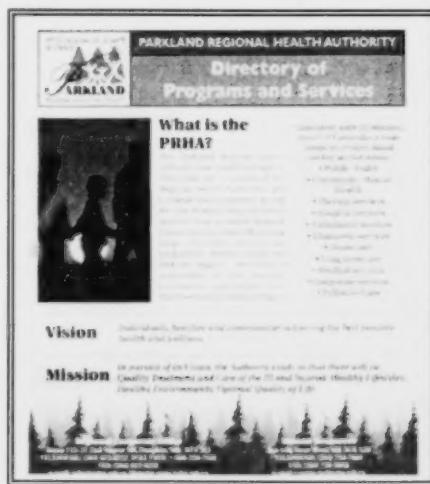
Eastern District Health Advisory Council- Front left are Joan Parthenay, Bob Curle, and Wayne Beyette. Back left are Ollie Yaremchuk, Gail Overgaard, Jannett Terrick, Gloria Kostelnyk, José Randell, and Gord Bishop (Board Liaison)

Communications

The PRHA strives to keep residents of the Parkland Region informed about their health system and health and wellness opportunities. As such, the PRHA remains committed to an effective communications strategy designed to reach its key audience- the Residents of the Parkland Region.

Last year, several initiatives kept both Parkland Residents and staff informed. They included:

- **PRHA Resource Directory-** A Directory of Programs and Services was developed for the general public. This directory was distributed through facilities, community health offices, municipal and community council offices, First Nations communities, and libraries.
- **Health Beat Radio Show-** The PRHA and its partner organizations continue to air key health messages through the Parkland Health Beat show. This public service runs every Monday, twice a day, on CKDM Radio in Dauphin.
- **Radio Open Line Shows-** Topics that warrant special attention are given more exposure. One such call-in show was scripted by the PRHA and aired on CKDM in January 2004. The show focused on highlights from the Provincial All-Party Task Force on Environmental Tobacco Smoke, whose key recommendation was a province-wide ban on smoking in public places.



- **Community Links Newsletter**-was published four times in 2003-2004. Nearly 19,000 copies of the newspaper are distributed to households in the Parkland Region. Some articles of note included:
 - Flu and Pneumococcal Vaccination information
 - Regional Diabetes Program and awareness information
 - Breast Screening Program
 - Community Health Assessment
 - Safe Sharps Disposal Program
 - Palliative Care
 - Telehealth
- **Annual General Meeting**- The PRHA Annual General Meeting is held in November. It includes a review of highlights and accomplishments of the past fiscal year, as well as a look ahead to the challenges of the next budget year. Extra effort is taken to find a topical guest speaker for the event. In 2003-2004, Ms. Janet Smith of the Manitoba Farm and Rural Stress Line was the keynote speaker.
- **Annual Report to Community Newsletter**- was also printed and distributed to 19,000 households in January 2004. This edition provided a short synopsis of last year's Annual Report as well as a planning update for the current year.
- **Regional Links Newsletter**- was published four times in 2003-2004. Nearly 1200 copies of this newsletter is distributed to staff, volunteers and physicians throughout the Region. Some topics of interest included:

- Quality Improvement plans and projects
- Staff satisfaction survey
- PRHA Health Planning
- Performance Deliverables
- PHIA (Personal Health Information Act)
- **Communication Corner-** The PRHA has established a monthly advertising feature in regional newspapers entitled "**Communication Corner**" to publish information regarding Board meetings, Community Health Assessment, upcoming public health events and Regional staff announcements.
- **2004-2005-** There are several areas the PRHA will enhance its communication efforts with the general public in 2004-2005. Separate communication plans are being developed for:
 - Primary Health Care
 - Community Health Assessment
 - Regional Response Planning (SARS, West Nile Virus, Pandemic Flu)
 - Mental Health Awareness
 - Diabetes Education
- **Website-** The PRHA website (www.prha.mb.ca) will undergo an extensive update in 2004-2005. This update will provide additional information on the PRHA's programs and services, more health education and prevention articles, links to PRHA partner agencies and organizations and an enhanced human resources section.

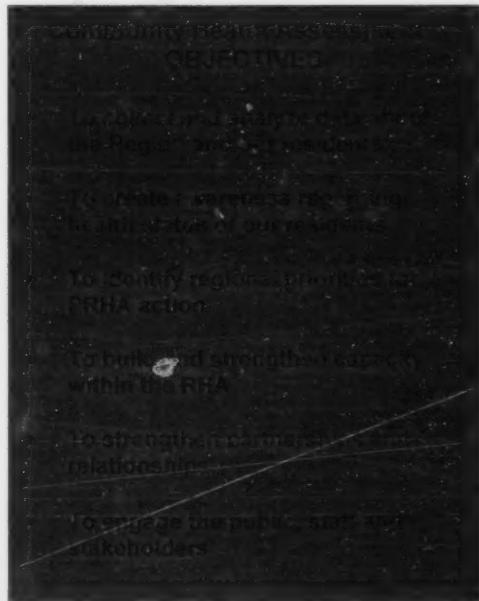
Community Health Assessment

The Parkland Regional Health Authority began its second-ever **Community Health Assessment (CHA) in 2003-2004**. The CHA examines the way health services are used, what health services we have and the ability of the Region to respond to those challenges.

It allows the PRHA to review health data for a variety of purposes, including the development of our **strategic health plan**.

This is a huge undertaking with the PRHA seeking community input through several different means hoping to identify, measure and track the health status of our population.

The final Community Health Report will be submitted to Manitoba Health in September 30, 2004. Copies of the actual report will be available at the PRHA Corporate Office after September 30th. An executive summary will be provided within next year's (2004-2005) Annual Report.



- o Quality Improvement plans and projects
- o Staff satisfaction survey
- o PRHA Health Planning
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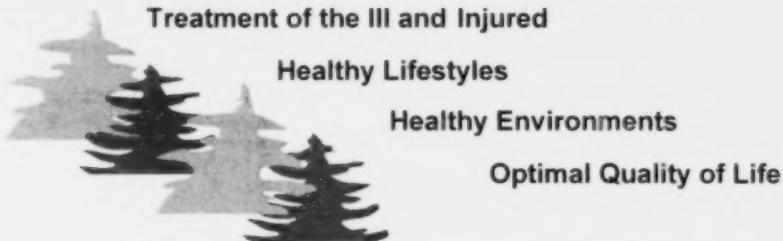
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Community Health Assessment OBJECTIVES

- **To collect and analyze data about the Region and our residents**
- **To create awareness regarding health status of our residents**
- **To identify regional priorities for PRHA action**
- **To build and strengthen capacity within the RHA**
- **To strengthen partnerships and relationships**
- **To engage the public, staff and stakeholders**

Our Mission:

The Parkland Regional Health Authority exists so that there will be



The Performance Story:

Treatment of the Ill and Injured



Goal: Residents have access to health care services.

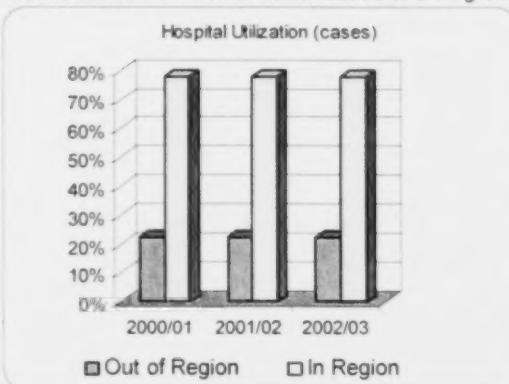
- Basic acute care services will be provided in the Region. Specialized services will be provided when appropriate (i.e dialysis).

Actual results/Accomplishments:

- Parkland Region provides an array of acute services including medicine, surgery, obstetrics, pediatrics, psychiatry, rehabilitation, emergency room, and diagnostic services.
- The majority of Parkland residents access hospital services in the Region. Almost 80% of Parkland residents who had surgery, had the procedure done within the Region.
- Working in cooperation with Public Health and the Regional Medical Officer of Health, the PRHA developed and enhanced processes and procedures for hospital emergency departments and inpatient units in the event of a suspected severe acute respiratory syndrome and pandemic influenza.
- The Swan Valley Hospital Rehabilitation program was relocated from Benito Health Centre to a wing of the Swan Valley Lodge (juxtaposed to the Swan Valley Hospital). This move enhanced patient access to patient and other acute care services and programs.
- The Parkland Region operates or funds eight acute care facilities with seven emergency/outpatient departments and a total of 225 acute care beds. This provides the Region with 5.29 acute care beds per 1000 residents.

Challenges:

- Chronic shortages of nursing, diagnostic, and pharmacy staff.



In 2000, 60% of hospitalized Rural South residents received their service from within their "home" Region. In comparison, 75% of hospitalized Parkland residents received their service from within Parkland.

Treatment of the Ill and Injured



Goal: Emergency Medical Response within 30 minutes for all residents of the Parkland Region

- To increase the percentage of Parkland Region's population having **Emergency Medical Response** in less than 30 minutes

Actual Results/Accomplishments:

- During 2003/04 efforts toward achieving this goal were enhanced through the re-establishment of a 24 hour /7 day per week land ambulance service in McCreary.
- Plans for the establishment of closer-to-home ambulance service provision to the Northern area of the Region from Mafeking were developed in collaboration with the Rural Municipality of Mountain.
- In partnership with the Town and Rural Municipalities of Grandview Councils, a strategy to rebuild Grandview Ambulance was implemented.
- Over 2500 Emergency Response Information Kits (ERIK) were distributed throughout the Region to provide valuable medical information to ambulance staff arriving at people's homes.
- A Region-wide quality assurance reporting system was implemented in all ambulance services.

Challenges and Future Directions:

- Low population densities in the North East and Northern areas of the Region make the economical provision of timely pre-hospital response difficult.
- Providing a larger number of service points (ambulance stations) decreases call volume in existing services and present new challenges for recruitment and skill maintenance of Service Personnel.
- Establish a coordinated process for the transfer of patients within the Region for both interfacility and primary responses.
- Continue to work with communities to develop Non-transport First Response Agencies in the Region.
- Develop and implement Mutual Aid Agreements to provide backup ambulance service coverage during emergencies and increase coordination and integration of ambulance services across the Region.

Ambulance Utilization:

- Ambulance calls within the Region have steadily increased an average of 4% per year over the past 3 years. Emergent calls¹ increased by 203 during 2003-04 compared to 2002-03 while non-emergent² calls increased by 74. Overall ambulance call volume increased by 129 calls. Calls may be of an emergency nature or may be less urgent interfacility transfers etc. On average, the percentage of emergent calls over the past three years has been about 50% of the total ambulance calls.

**2003/04
Regional Summary
of
Pre-Hospital Response
Time (Within 30 minutes)**

Dauphin	97%
Ethelbert	100%
Grandview	96%
Roblin	96%
Swan River	86%
Waterhen	100%
Winnipegosis	80%
Ste. Rose	86%
Gilbert Plains	98%

¹ "Emergent Calls" are defined as patient transports which originate outside of health facilities and are transported to an emergency room as well as patient transports to an airport for air ambulance transport.

² "Non – Emergent" calls are defined as patient transports which originate at a health facility and are transported to another health facility.

Treatment of the Ill and Injured



Goal: To provide Therapy Services that improve and maintain the functional independence of clients with impaired functioning due to injury, chronic disorders or disability.

- To improve and maintain mobility and self-care.
- To help people adapt to altered abilities and the environments in which they live and work.

Actual Results/Accomplishments:

- In 2003/04 the Therapy Team focused attention on strengthening its approach to inpatient services across the Region through:
 - Development of criteria for specialized therapy services to identify those clients with highest need, and
 - Increasing focus on care of frail elderly who are hospitalized with a goal of return to optimal independence.

Challenges and Future Directions:

- Recruitment and retention of professional therapy staff.
- Maintain access to services in a fair and equitable manner across the Region given available staff resources.
- Planning for therapy programs to improve the quality and effectiveness of rehabilitation services including the development of quality monitoring processes.
- Development of an audiology program to meet the needs of children in the Region.
- Development of an asthma education program within available resources.

Statistics:

There was an overall 17% increase in care to new clients in the therapy program in 2003/04. These services included:

- 10,985 physiotherapy visits
- 3,605 occupational therapy visits and
- 824 speech language therapy visits.

Treatment of the Ill and Injured



Goal: To enhance patient safety processes.

- Development of responses to recommendations of the Review and Implementation Committee for the Report for the Manitoba Pediatric Surgery Inquest (May 2001)

Actual Results/Accomplishments:

Significant efforts in 2003/04 were focused on enhancing **risk management and patient safety processes** including:

- A Regional Client concerns management process under development;
- PRHA responses to Thomas Committee Report;
- Development of an Informed consent for interventions including transfusion/blood products;
- Ongoing education regarding the role and use of the Protection for Persons In Care;
- Began the development of Regional Risk Management framework;
- Implementation of an incident reporting system in all programs and services throughout the Region;
- Development and implementation of a Freedom From Abuse policy in Personal Care Homes and Hospitals throughout the Region; and,
- The Medical/Surgical Team development of a needle stick injury survey to be completed by all programs and services throughout the Region.

Challenges and Future Directions:

- To create an environment to allow staff to report medical errors in a non-blaming atmosphere

Treatment of the Ill and Injured/ Optimal Quality of Life



Goal: To support and maintain independence and convalescence in people's homes.

- To develop a consistent approach to provision of Home Care services across the Region.
- To augment family and community resources to provide essential in-home health services and assistance with daily living activities for residents of the Region having an assessed need.
- To facilitate hospital discharge for convalescence and recovery.
- To provide alternatives to and to postpone/negate the need for personal care home admission.
- To assess need and facilitate service provision to meet that need.

Actual Results/Accomplishments:

- 400 staff provided services to an average of 1200 clients in 2003/04.
- Implementation of a quality monitoring process including a client satisfaction survey, quality audits, and case reviews and review of response times for service implementation.
- Development and wide distribution of a pamphlet for clients describing home care services and the process for accessing these services.
- Home IV Program in Swan River was integrated into Home Care Program; key learning from this pilot project will inform expansion of this program to other areas of the Region.
- The development of operational policies consistent with Manitoba Health policies and standards.

Challenges and Future Directions:

- Enhancement of the home nursing component to support earlier hospital discharge where appropriate including services in some communities such as home IV and enhanced post-operative care.
- Continue efforts to identify and implement a computerized scheduling system for direct service workers.

Home Care Utilization 2003/04	
Home Clare Clients at the beginning of year	1063
New admissions during the year	551
*Re-admissions during the year	129
Total new/readmitted clients	680
Total Home Care Clients receiving service	1743

*Re-admissions are clients who are re-admitted to Home Care following a previous admission and discharge.



Treatment of the Ill and Injured

Goal: To develop a sustainable Regional Diabetes Program (RDP) that draws upon strong partnerships in diabetes prevention, education, care, research and support.

Actual Results/Accomplishments:

- A three-year RDP Implementation plan was completed, submitted to Manitoba Health and distributed to stakeholders around the Region. The goal of the RDP is to provide consistent diabetes prevention, education, care, research and support services in the Parkland Region.
- Piloted group education process for basic level diabetes self-management education. The outcome of the pilot showed that unfortunately, this particular format for group education did not meet program needs. One to one education continues to be utilized.
- Complication assessment is an annual complication screening for people with diabetes provided within in the context of a comprehensive diabetes health plan. The documentation flow sheet was adapted and incorporated into the electronic medical record at the Dauphin Medical Clinic. Coordination began to implement diabetes complication assessment in an interdisciplinary team setting at the Dauphin Medical Clinic.
- The Manitoba Health Diabetes Risk Factor and Complication Assessment train the trainer initiative was piloted by the Parkland RHA. A team comprised of a physician, a nurse, and a dietitian became trainers, and then trained three other physician, nurse and dietitian teams from around the Parkland.
- In partnership with the Canadian Diabetes Association (CDA), implemented a region wide social marketing campaign to raise awareness about the risk factors for diabetes and the importance of early detection through their physician.

Challenges and Future Directions:

- Development of an advisory committee comprised of key stakeholders from across the Region to guide the implementation of comprehensive diabetes programming for the Parkland, including development of partnerships with Aboriginal organizations
- Expansion of the diabetes education resource program to include outreach clinics in the communities of McCreary, Waterhen, Crane River, Bacon Ridge, Camperville, Duck Bay, Mafeking, and Pelican Rapids (in addition to the clinics currently offered in Dauphin, Ste. Rose, Ethelbert, Winnipegosis, Swan River, and Roblin).

Diabetes Hospitalizations, 2001/2002
Age/Sex Standardized

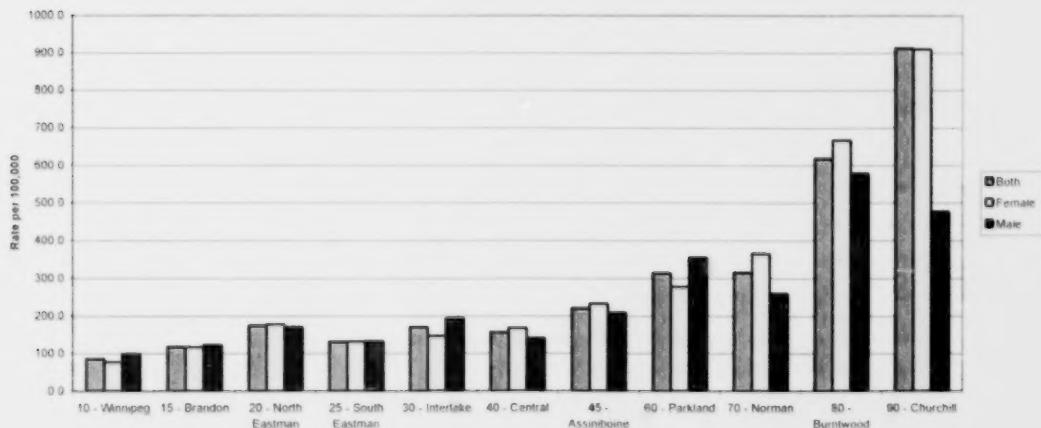
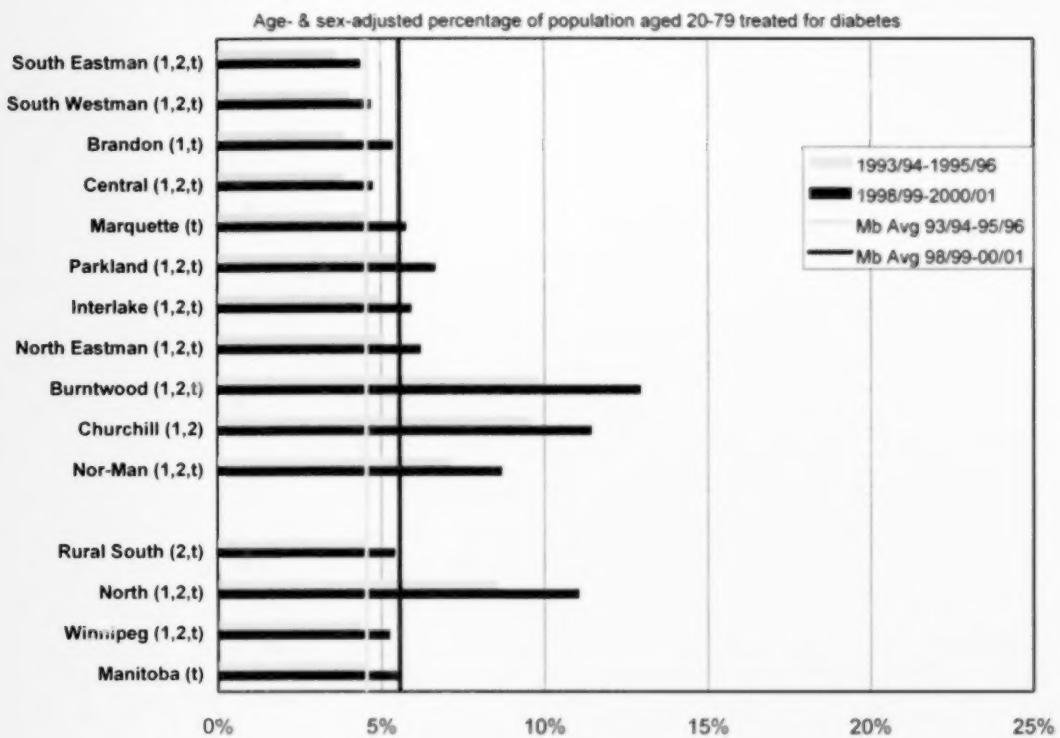


Figure 5.2.1: Diabetes Treatment Prevalence by RHA



'1' indicates area's rate was statistically different from Manitoba average in first time period shown

'2' indicates area's rate was statistically different from Manitoba average in second time period shown

't' indicates change over time was statistically significant



Healthy Lifestyles

Goal: To strengthen primary health care services across the Region.

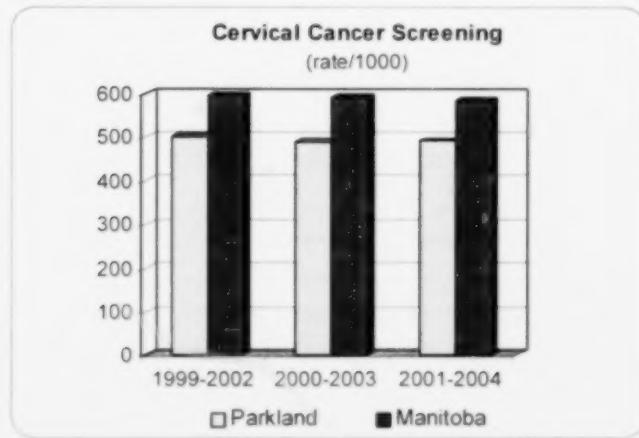
- To enhance access to services.
- To improve health status of the population.
- To develop new Primary Health Care facilities in at least two of the Region's more remote communities.
- To develop an integrated approach to delivery of community health services in the Region.

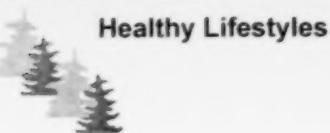
Actual Results/Accomplishments:

- Received \$1.44 million from the Primary Health Care Transition Fund for enhancement of primary health care services to small, relatively isolated communities in the Region. Efforts focused on planning with the communities of Camperville and Waterhen for the construction of primary health care centres to serve the residents of the community and surrounding area.
- Developed a framework for delivery of community health services based on the principles of primary health care
- Embarked on planning efforts to enhance access to women's health services in the Region with focus on cervical cancer screening.

Challenges and Future Directions:

- In 2004/ 05 efforts will focus on:
 - Development of primary health care centres in Benito, Camperville and Waterhen including development of clinic-based services enhanced diabetes programming, well women's clinics and a chronic diseases program.
 - Implementation of cervical cancer screening clinics in select communities in the Region.
 - Development of a mental health primary prevention initiative and the development of activities with communities to focus on healthy families and healthy communities.
 - Identification of opportunities to expand primary health care services in other communities in the Region.
 - Enhancement of primary prevention initiatives with focus on determinants of health and the development and strengthening of partnerships with key stakeholders including the Departments of Education, Family Services and Housing, Aboriginal and Northern Affairs, and others.
 - Implementation of strategies to address issues related to health status of the population.





Healthy Lifestyles

Goal: To enhance the health and well being of children in the Parkland Region aged 0-6 years.

- To support families in the development of nurturing home environments for infants and preschool children.

Actual Results:

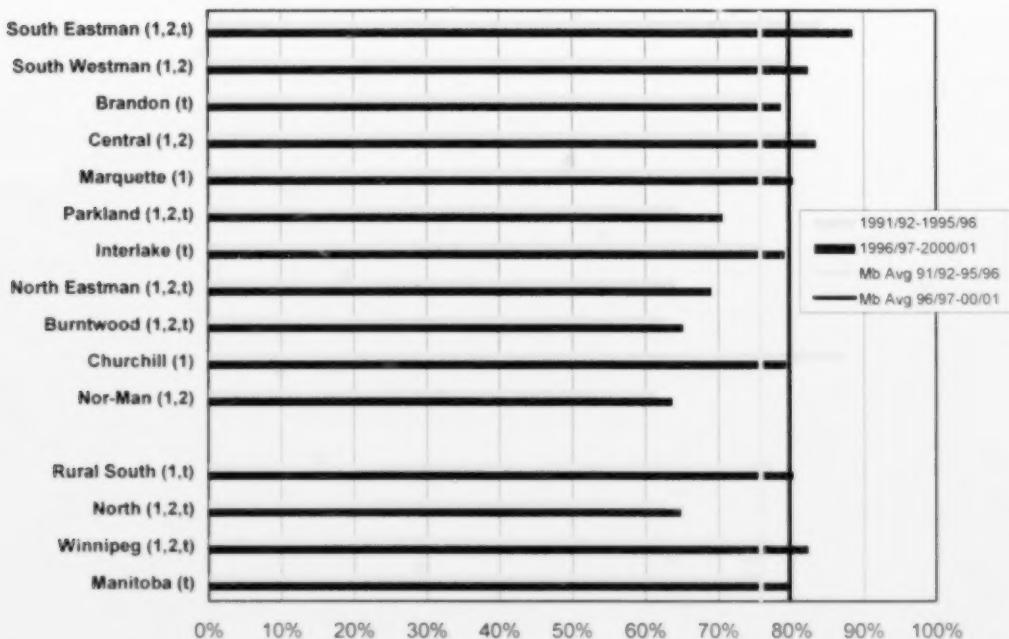
- The Healthy Baby Program, which provides group education and support to mothers prenatally and through first year postnatally, was expanded to the communities of Mallard, Camperville, and Waterhen, as well as Bacon Ridge, Crane River, and Ste. Rose. Education includes nutrition, child development and learning, child safety, and parent/child relationships.
- The Baby First Program, which provides in-home support and education to parents, was expanded to include families of children through the pre-school years, now becoming the Baby First/Early Start Program. The Healthy Baby and Baby First/Early Start Programs were integrated within the Public Health Programs in 2003/04.
- Efforts to enhance breastfeeding support continue with post-partum support of Public Health nurses and the work of the PRHA Breastfeeding Committee.

Challenges and Future Directions:

- Enhance efforts to enhance support to mothers to increase success in breastfeeding.
- Increase partnerships to promote and support prenatal, infant and preschool nutrition.

Figure 7.5.1: Breastfeeding Initiation Rates by RHA

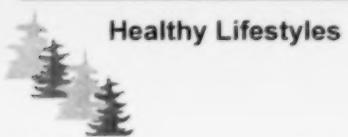
Per cent of newborns breastfeeding at hospital discharge



'1' indicates area's rate was statistically different from Manitoba average in first time period shown

'2' indicates area's rate was statistically different from Manitoba average in second time period shown

't' indicates change over time was statistically significant



Healthy Lifestyles

Goal: To decrease the incidence and impact of preventable communicable diseases.

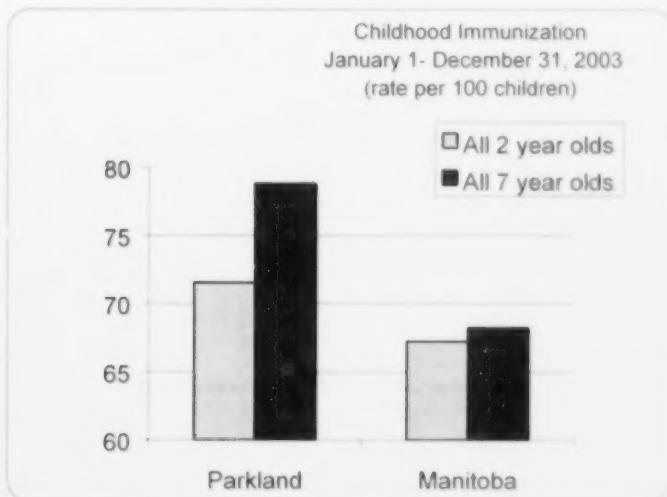
- To be prepared for emerging outbreaks such as SARS and Pandemic Influenza.
- To decrease the incidence of sexually transmitted infections.
- To maintain Parkland Region's high immunization rates.
- To provide rapid and effective response to communicable disease outbreaks.

Actual Results/Accomplishments:

- A response plan for pandemic influenza/ acute respiratory infections is being developed as part of the PRHA integrated disaster response planning process.
- Developed a Sexually Transmitted Disease Strategy that includes plans to strengthen efforts to enhance prevention, screening and treatment services in the Region.
- Developed a Regional Immunization Strategy to integrate immunization best practices within regional immunization programs.
- Public Health follow-up (including investigation, contact tracing and education) was provided to a total of 149 people with a reportable communicable disease. Public Health Nurses also provided follow up to 128 contacts for sexually transmitted diseases. In addition, there were five outbreaks of communicable diseases in schools, daycare centre, and personal care homes requiring public health response.
- A Harm Reduction Working Group was formed in collaboration with Cree Nation Health Department and First Nations and Inuit Health Branch to develop strategies to decrease the risk of transmission of blood borne infections.

Challenges and Future Directions:

- Increased screening for sexually transmitted infections.
- Develop strategies to increase influenza immunization rates among essential service workers including health care providers
- Develop ability to provide "surge capacity" within Public Health to facilitate timely responses to outbreaks of communicable diseases
- Develop a regional Harm Reduction strategy



Healthy Lifestyles



Goal: To decrease tobacco use in Parkland Region.

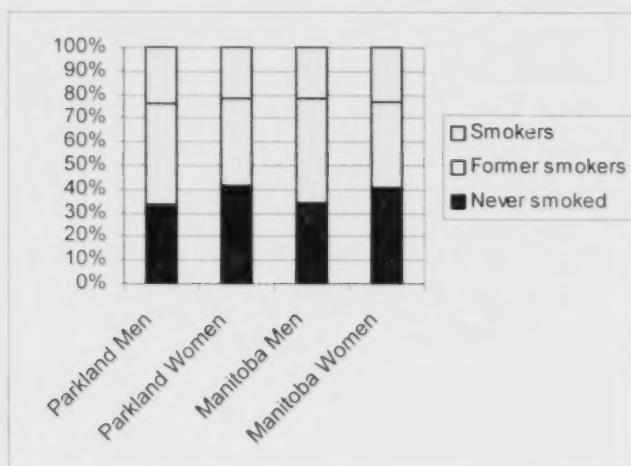
- To decrease the social acceptability of tobacco use.
- To increase public demand for environments that are free from environmental tobacco smoke.

Actual Results/Accomplishments:

- Provided ongoing support to the Healthy Dauphin Tobacco Reduction Group through social marketing and advocating for smoke free policy.
- Partnered with the Frontier School Division to deliver Lungs are for Life smoking prevention program to elementary and middle school children.
- Partnered with the Manitoba Lung Association and West Region Tribal Council (WRTC) Health to train nine facilitators for "Not On Tobacco", a smoking cessation program for high school students.
- Presented to the All Party Task Force on Environmental Tobacco Smoke in the favour of provincial legislation to restrict smoking in public places and work places.
- Hosted a Manitoba Tobacco Reduction Alliance (MANTRA) meeting to introduce their Comprehensive Strategy for Tobacco Reduction to Region stakeholders.
- Presentation on "Not On Tobacco" Program delivered at schools in Region, with intent to recruit teachers and students to become trainers.

Challenges and Future Direction:

- First Nations Communities have the highest number of smokers, yet, anticipated anti-tobacco legislation will not apply to areas under Federal jurisdiction.
- Continue to work with Tribal Councils and First Nations Communities to encourage healthy choices and social action on environmental tobacco smoke.
- Support the implementation of provincial second-hand smoke legislation in Parkland
- Work with MANTRA and Regional stakeholders to establish an integrated framework for smoking cessation.
- Increase Regional access to smoking cessation support programs.





Healthy Environments

Goal: Communities are prepared to respond to internal and external disasters.

- Develop a comprehensive local and Regional Disaster Plan for acute and long term care facilities, community/public health services and emergency medical services.

Actual Results/Accomplishments:

- In conjunction with the Fire Commissioner's Office, have conducted multi-disciplinary in house training of facility and program managers, ambulance staff, and senior executive in the Incident Command System response model.
- Hazard Analysis and Risk Assessments by facility, program and service are currently being developed.

Challenges and Future Direction:

- Continue with Region wide training in the Incident Command System response model.
- Ensure that the PRHA and its programs are harmonized with municipal disaster preparedness plans.

Healthy Environments



Goal: To increase public awareness of preventative measures for environmental related illness.

Actual Results/Accomplishments:

- Radio, local newspapers, and the "Community Link" were used to provide ongoing information to the public about West Nile Virus, Hantavirus, Lyme Disease, and Q Fever.
- Staff participated in the western Manitoba tri-regional response team that developed a regional plan. This included municipalities from throughout the Region.
- Participated in the West Nile Virus Wild Bird Surveillance Program. The results were:

	Parkland 2002	Parkland 2003	Manitoba 2002	Manitoba 2003
Human cases	0	6	0	141
Bird cases	1	12	88	134
Horse cases	1	3	236	47
Other animals	0	1 (alpaca)	0	5 (2 alpacas, 2 stone sheep, 1 musk ox)
Sentinel chickens	n/a	n/a	7	24

Challenges and Future Direction:

- Continue to work with Manitoba Health and the Department of Conservation to address environmental health issues



Optimal Quality of Life

Goal: To make End of Life support available to those who require it in the location of their choosing.

- To enhance the PRHA's capacity in the provision of comprehensive palliative care services in the home, hospital and personal care homes.

Actual Results/Accomplishments:

- The PRHA hosted educational programs in 2003/04 including a conference on Ethics and Palliative Care.
- Dedicated Palliative care rooms have been available in Grandview, Swan River, Winnipegosis, and Ste. Rose Hospitals. In 2003/04, additional palliative care rooms were developed at Dauphin Regional Health Centre and Roblin Health Centre to provide support to individuals and their families in the final days of life. These were made possible, in part, through the generous support of local foundations.
- Development and distribution of the Pain and Symptom Control Handbook to care providers across the Region.
- Development and distribution of a client pamphlet describing palliative care services in the Region.

Challenges and Future Directions:

- Future priorities for palliative care in the Region include an evaluation of the program to determine gaps and to identify future directions for program development.

Indicators:

- Number of people registered with Parkland RHA's Palliative Care Program in 2003/04 = 54.
- Number of people registered with Provincial Palliative Care Drug Access Program in 2003/04 = 50.

Goal: To provide a range of mental health services in the Region.

- To provide treatment and support services to individuals and families experiencing mental illness
- To build partnerships, support networks and multi-disciplinary service for those experiencing mental health problems.

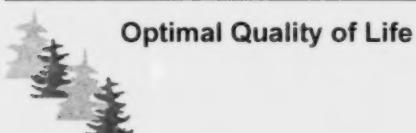
Actual Results/Accomplishments:

- Expanded the consumer-run HERO (Helping Everyone Reach Out) Club Program to Roblin in addition to the centres in Dauphin and Swan River.
- A successful consumer focused conference sponsored by the RHA under the H.E.R.O. clubs was held in Dauphin.
- Planning for a made-in-Parkland Mental Health Conference held in the spring of 2004 with a focus on mood disorders/depression. Over 100 health professionals attended the very successful event.
- A Mental Health Resource Nurse position was created to provide additional supports to elderly residents in facilities in the Swan Valley area.
- Procurement of consultation services of a geriatric psychiatrist has enhanced service to seniors with mental health concerns.
- Developed a strategy to enhance services to persons with co-occurring mental health and addictions Co-occurring Disorders Initiative (CODI).

Challenges and Future Directions:

- Continue recruitment efforts for a second psychiatrist for Parkland.
- Procure consultation services of a child-adolescent psychiatrist.
- Collaborate with colleagues across the Province in development of services for clients who require long-term institutional care
- Implement the co-occurring disorders initiative in collaboration with Addictions Foundation of Manitoba.

Child/Adolescent Acute Psychiatric Unit/Brandon –Parkland Admissions		2003/04
		33
Child/Adolescent Mental Health Program Case Count		
Cases Opened for Assessment		208
New Cases to Program		143
Re-opened to Program		65
Closed to Program		167
Community Mental Health Program Case Count		
Cases Opened for Assessment		965
New Cases to Program		592
Re-Opened to Program		373
Closed to Program		875
Open Cases at Year-End		1111
Acute Care Psychiatric Unit Bed Utilization Case Count		
Admissions		210
Patient Days		3008
Average Length of Stay		13.79 days
Average Daily Census		8.24 patients
Mental Health Services for the Elderly Program Case Count		
Cases opened for Assessment		254
New Cases to Program		168
Re-Opened to Program		86
Closed to Program		310



Optimal Quality of Life

Goal: To support health and independence of Parkland seniors.

- To enhance programs for seniors who require community-based supports.

Actual Results/Accomplishments:

- The range of community-based services to seniors includes home maintenance services, meals on wheels, congregate meal programs, adult day programs, and supportive housing. Enhancements to seniors services in 2003/04 include:
 - New Seniors Resource Council was developed in Gilbert Plains. The McCreary People Helping People Inc. - Seniors Resource Council expanded to include community of Alonsa. Service expansions also occurred in Swan River and Rorketon.
 - Expanded support to congregate meal programs in McCreary, Roblin, Swan River, and Minitonas.
- Established a working group to identify the needs of frail elderly residents of the Region and to develop a plan to enhance services to this population.

Challenges and Future Directions:

- To explore development of supportive housing programs in the Region.

I ndicators:

Adult Day Care Utilization Comparison

The Adult Day Care programs offered in the following Personal Care Homes have remained fairly constant in their enrollment over the past three years.

Adult Day Care Programs	2003/04		
	Admitted	Separated	Number Active At Year End
St. Paul's Home	7	2	11
Grandview PCH	10	8	3
Swan Valley Lodge/Benito Health Centre	14	20	20
Dr. Gendreau PCH	8	12	38
Crocus Court PCH	5	6	4
McCreary/Alonsa Health Centre	6	2	12
Total	50	50	88

Community Meal Programs for Elderly - Number of Meals Served	2003/04
*Congregate Meal	58,077
Meals on Wheels – Facility	12,305
Meals on Wheels – Community	6,067
Total Meals Served	76,449

Optimal Quality of Life



Goal: To maintain or increase a person's physical, social and psychological well being, promote functional independence and improve the quality of a person's life.

- To provide quality Long Term Care (LTC) in the least restrictive home like environment possible.
- To actively involve LTC residents and their families in the care provided.
- To provide respite care to Residents of the Region.

Actual Results:

- The Residents Bill of Rights is reviewed by the residents, family and staff annually.
- Residents and family are encouraged to participate in the resident plan of care and care conferences. Resident Councils have been established in the Personal Care Home, which meet on a regular basis to discuss issues, concerns and recommendations for improvement.
- Quarterly medication reviews were implemented in all Personal Care Homes (PCH) to ensure that Residents' medications are appropriate.
- Development of a draft Least Restraint Policy is underway with input and feedback from all PCHs.
- Significant work accomplished in all PCHs in striving to meet the Long Term Care Standards established by Manitoba Health.
- The Regional Long Term Care Team developed three client satisfaction surveys including Admission, Communication, and Quality of Care.
- Twelve respite care beds in six facilities provided respite service to 116 of the Region's residents.

Challenges and Future Directions:

- Study feasibility of establishing a supportive housing program with consideration to redeveloping existing space within St. Paul's Personal Care Home campus.

Indicators:

- With 4,332 residents of the Region over the age of 75, this represents a LTC bed availability of 121 beds per 1000 population over age 75. This is slightly higher than the Provincial average of 120 beds per 1000 population over age 75.

Corporate Services



Corporate Services provide finance, payroll, information systems, material management, facility maintenance, human resources, risk management, laundry, health planning, accreditation, continuous quality improvement, and capital programs.

Goals:

Create a healthy workplace

Accomplishments:

- A Staff Satisfaction Survey was completed;
- A number of human resource policies were developed and implemented;
- Maintained the PRHA's physician complement in both general practices and specialist services;
- Undertook a number of recruiting functions to provide for an adequate number of human resources to meet the Authority's requirements;
- A number of educational opportunities were provided to staff to support human resource development and education.

Challenges and Future Directions:

- Policies and procedures are being developed to ensure the Parkland RHA is compliant with Workplace Safety and Health legislation;
- Development of a safe and healthy workplace;
- One of the active strategies in addressing the need for physician access is to decrease our reliance on physician visits through the development of primary health care services and nurse practitioner resources;
- Ongoing recruitment of general practice physicians and specialists;
- Recruitment and retention of all levels of staff is a substantial issue;
- The average age of employees is growing and many staff are approaching retirement;
- Staff shortages have created high overtime utilization throughout the region.



Corporate Services

Goals:

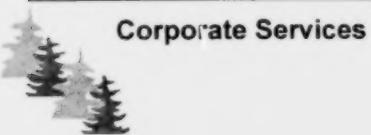
Strengthen Risk Management and Quality Improvement processes.

Accomplishments:

- A Regional Preventative Maintenance Program was established;
- A Risk Management Framework was started;
- Implementation of an incident reporting system in all programs and services throughout the Region.

Challenges and Future Directions:

- Policies and procedures are being developed to ensure the Parkland RHA is compliant with Workplace Safety and Health legislation;
- The RHA will continue to complete frameworks for risk management;
- Continue to integrate risk, quality and program plans.



Corporate Services

Goals:

Enhance evidence-based decision-making.

Accomplishments:

- Improvements were made to the Region's computer information technology system;
- Staff participated in the rollout of the staff scheduling system, payroll, finance, human resource and ICD-10 (*International Disease Classification System used to classify hospital admissions.*)
- Work continued in preparation for the Canadian Council on Health Services Accreditation survey site visit;
- Work commenced on the Region's second comprehensive community health needs assessment.

Challenges and Future Directions:

- An information management plan for the Region is being finalized;
- Rollout of financial and human resource software to affiliate organizations will continue.
- CCHSA Survey - October 2004
- Development of the PRHA Strategic Plan (2006 – 2011)

Corporate Services



Goals:

- To ensure that physical facilities and equipment are adequate to meet the needs of the Region's programs (Capital Project Development).

Actual Results:

- The construction of the Foundation of Swan Valley Health Centre's permanent replacement was completed.
- The tender for Phase II of the Swan Valley project was awarded January 2004, construction began in March, with an anticipated completion in July 2005.
- The mould remediation and restoration project at the Swan Valley Lodge was near completion at the end of the 2003/04 fiscal year.
- A new ambulance garage in Dauphin was built with only paving and landscaping to be completed in 2004/05.
- Safety and security projects in 2003/04 include the replacement of a roam alert system in the Roblin District Health Centre, replacement of windows in the 1963 wing of the Dauphin Regional Health Centre, a fire safety upgrade at the Swan River PCH, and a new fire communication system at Gilbert Plains Health Centre.
- Contributed to the redevelopment of Roblin Medical Clinic.
- Developed palliative care room within existing space at Roblin District Health Centre.
- Capital equipment upgrades/replacements for 2003/04 included:
 - Two new replacement ambulances for the Region under the Province's Fleet Ambulance Purchase.
 - A new blood bank fridge in Roblin.
 - 12 new intravenous pumps at Dauphin Regional Health Centre.
 - 7 new automated blood pressure machines at Dauphin Regional Health Centre.
 - Grounds maintenance equipment (Dauphin and Grandview).
 - Mobile Radiographic Unit- Dauphin.
 - Biochemistry analyzers – Regionally.
 - Hematology analyzers- Regionally.
 - Video equipment for laparoscopic setup at Dauphin Regional Health Centre.
- A Regional preventative maintenance program was established for Regional Health Authority operated facilities.

Challenges and Future Directions:

- Continue to move ahead with the construction of the Swan Valley Health Centre and the Dauphin Community Health Building.
- Ensure that the following safety and security projects are completed in 2004/05:
 - Construction of new ambulance garage in Swan River
 - Upgrade of fire panel at Dauphin Regional Health Centre
 - Upgrade of sprinkler panel at Winnipegosis Health Centre
 - Construction of Primary Health Centres in Waterhen and Camperville
 - Security enhanced at Gilbert Plains Health Centre, Grandview Personal Care Home, Ste. Rose Hospital, and McCreary/Alonsa Health Centre.
 - Update wander alert/nurse call at Dr. Gendreau Personal Care Home
- Approval in principle by the Dauphin General Hospital Foundation for the purchase of new laparscopic equipment and a harmonic scalpel at the Dauphin Regional Health Centre.
- Provincial group purchase for Hospital and PCH beds.

**Parkland Regional Health Authority Inc.
Consolidated Financial Statements**

For the year ended March 31, 2004



Parkland Regional Health Authority Inc.

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For the year ended March 31, 2004

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To the Board of Directors of Parkland Regional Health Authority Inc.

We have audited the consolidated statement of financial position of the Parkland Regional Health Authority Inc. as at March 31, 2004 and the consolidated statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Parkland Regional Health Authority Inc. as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Dauphin, Manitoba

June 6, 2004

Meyers Norris Penny LLP

Chartered Accountants

Parkland Regional Health Authority Inc.
Consolidated Statement of Financial Position

As at March 31, 2004

	<i>Contract</i>	<i>Devolved</i>	2004	2003
Assets				
Current				
Cash	1,963,546	6,539,673	8,503,219	5,911,111
Temporary investments	140,000	269,932	409,932	1,014,727
Deferred benefits receivable (<i>Note 3</i>)	3,190,133	4,392,546	7,582,679	5,566,538
Accounts receivable (<i>Note 4</i>)	254,050	706,654	960,704	1,126,391
Due from Manitoba Health (<i>Note 5</i>)	-	969,996	969,996	1,297,887
Inventory	359,024	1,077,987	1,437,011	1,440,172
Prepaid expenses	422,156	338,581	760,737	678,722
Inter-facility	(4,393,641)	4,393,641	-	-
	1,935,268	18,689,010	20,624,278	17,035,548
Long-term investments (<i>Note 6</i>)	145,070	13,941,620	14,086,690	12,991,026
Capital assets (<i>Note 7</i>)	25,121,650	36,740,805	61,862,455	61,226,799
Trust assets	33,406	27,141	60,547	60,226
Deferred benefits (<i>Note 3</i>)	676,482	1,926,278	2,602,760	3,302,870
	27,911,876	71,324,854	99,236,730	94,616,469

Continued on next page

Parkland Regional Health Authority Inc.
Consolidated Statement of Financial Position

As at March 31, 2004

	Contract	Devolved	2004	2003
<i>Continued from previous page</i>				
Liabilities				
Current				
Lines of credit	5,922	3,490,505	3,496,427	1,553,083
Accounts payable and accruals	55,313	4,626,831	4,682,144	3,691,139
Deferred benefits payable (<i>Note 3</i>)	3,190,133	4,392,546	7,582,679	5,566,538
Current portion of long-term debt (<i>Note 8</i>)	477,932	22,068	500,000	500,000
	3,729,300	12,531,950	16,261,250	11,310,760
Long-term debt (<i>Note 8</i>)	3,798,163	1,698,202	5,496,365	5,879,159
Deferred benefits (<i>Note 3</i>)	676,482	1,926,278	2,602,760	3,302,870
Deferred contributions (<i>Note 12</i>)	15,624,560	50,966,355	66,590,915	66,186,818
Trust liabilities	33,406	27,141	60,547	60,226
	20,132,611	54,617,976	74,750,587	75,429,073
Net Assets				
Invested in capital assets (<i>Note 13</i>)	2,178,031	1,160,307	3,338,338	3,051,660
Internally restricted for capital purposes	86,786	660,966	747,752	718,512
Unrestricted net assets	1,785,148	2,353,655	4,138,803	4,106,464
	4,049,965	4,174,928	8,224,893	7,876,636
	27,911,876	71,324,854	99,236,730	94,616,469

Approved on behalf of the Board

Original signed by
Merv Toderian

Director

Original signed by
John Zaplitny

Director

The accompanying notes are an integral part of these financial statements.

Parkland Regional Health Authority Inc.
Consolidated Statement of Changes in Net Assets

For the year ended March 31, 2004

	<i>Invested in capital assets</i>	<i>Internally restricted for capital purposes</i>	<i>Unrestricted</i>	2004 Total	2003 Total
Balance, beginning of year	3,051,660	718,512	4,106,464	7,876,636	7,468,030
Excess (deficiency) of revenues over expenses	(507,829)	7,002	112,911	(387,916)	433,616
Investment in capital assets	398,777	(100,362)	(298,415)	-	-
Internal transfers	141,695	122,600	(264,295)	-	-
Net transfers to foundations	-	-	-	-	(7,378)
Net assets acquired on amalgamation (Note 17)	254,035	-	482,138	736,173	-
Prior period adjustment	-	-	-	-	(17,632)
Balance, end of year	3,338,338	747,752	4,138,803	8,224,893	7,876,636

The accompanying notes are an integral part of these financial statements.

Parkland Regional Health Authority Inc.
Consolidated Statement of Operations

For the year ended March 31, 2004

	<i>Contract</i>	<i>Devolved</i>	<i>2004</i>	<i>2003</i>
Revenues				
Manitoba Health operating income (<i>Note 9</i>)	25,162,285	57,153,833	82,316,118	76,638,888
Patient income	3,841,593	2,882,356	6,723,949	6,374,493
Other income	845,090	3,167,663	4,012,753	2,878,690
Amortization of deferred contributions	964,572	2,305,079	3,269,651	3,320,306
	30,813,540	65,508,931	96,322,471	89,212,377
Expenses				
Acute care	12,888,314	23,326,063	36,214,377	33,418,380
Long-term care	14,937,524	11,663,748	26,601,272	25,078,646
Homecare	175,315	8,828,653	9,003,968	8,398,980
Community and mental health	523,781	8,421,210	8,944,991	8,399,580
Interest on long-term obligations	265,645	2,692,941	2,958,586	2,984,211
Medical remuneration	536,771	2,865,692	3,402,463	3,135,005
Regional health costs (<i>Note 10</i>)	-	1,266,100	1,266,100	1,133,590
Amortization of capital assets	1,174,453	2,637,767	3,812,220	3,692,486
Pre-retirement	333,811	273,034	606,845	426,786
Emergency response and transport	-	2,216,927	2,216,927	1,329,064
Parkland Regional Hospital Laundry Ltd.	-	821,457	821,457	782,033
Future employee benefits	-	861,181	861,181	-
	30,835,614	65,874,773	96,710,387	88,778,761
Excess (deficiency) of revenues over expenses	(22,074)	(365,842)	(387,916)	433,616

The accompanying notes are an integral part of these financial statements.



Parkland Regional Health Authority Inc.
Consolidated Statement of Cash Flows

For the year ended March 31, 2004

	<i>Contract</i>	<i>Devolved</i>	2004	2003
Cash provided by (used in)				
Operations				
Excess (deficiency) of revenues over expenses	(22,074)	(365,842)	(387,916)	433,616
Items not involving cash				
Amortization of capital assets	1,174,453	2,637,767	3,812,220	3,692,486
Amortization of deferred contributions	(964,572)	(2,305,079)	(3,269,651)	(3,320,306)
	187,807	(33,154)	154,653	805,796
Changes in non-cash operating working capital				
Temporary investments	63,655	541,140	604,795	(110,415)
Lines of credit	(209,743)	2,153,088	1,943,345	(280,288)
Due from Manitoba Health	-	327,891	327,891	2,235,521
Other working capital	(490,795)	1,141,810	651,015	(779,415)
	(636,883)	4,163,929	3,527,046	1,065,403
Financing and Investing				
Purchase of capital assets	(2,989,272)	(814,655)	(3,803,927)	(6,469,507)
Purchase of capital assets - amalgamation	(70,482)	(183,553)	(254,035)	-
Disposal of capital assets	-	139,997	139,997	-
Purchase of long-term investments	-	(3,361,118)	(3,361,118)	(193,004)
Disposal of investments	61,134	2,212,965	2,274,099	-
Cash received from amalgamation	242,029	315,404	557,433	-
Deferred contributions	1,322,079	2,351,669	3,673,748	4,540,373
Advances of long-term debt	-	274,702	274,702	448,503
Repayment of advances of long-term debt	(366,322)	(224,168)	(590,490)	-
Decrease in net assets	-	-	-	(25,009)
Inter-facility transfers	3,076,426	(3,076,426)	-	-
	1,275,592	(2,365,183)	(1,089,591)	(1,698,644)
Increase in cash during the year		826,516	1,765,592	2,592,108
Cash, beginning of year		1,137,030	4,774,081	5,911,111
Cash, end of year	1,963,546	6,539,673	8,503,219	5,911,111

The accompanying notes are an integral part of these financial statements



Parkland Regional Health Authority Inc.

Notes to the Consolidated Financial Statements

For the year ended March 31, 2004

1. Organization

The Parkland Regional Health Authority Inc. is a non-profit organization incorporated without share capital under the laws of Manitoba. The Parkland Regional Health Authority Inc. is involved in the provision of health care services to persons resident in the Parkland Region.

The Parkland Regional Health Authority Inc. is a registered charity and, as such, is exempt from income tax and may issue income tax receipts to donors.

2. Significant accounting policies

The financial statements have been prepared on a going concern basis in accordance with Canadian generally accepted accounting principles, and include the following significant accounting policies:

Basis of accounting

These financial statements were prepared using the accrual basis of accounting. The accrual basis recognizes revenues as they become available and measurable; expenses are recognized, as they are incurred and measurable as a result of receipts of goods or services and the creation of a legal obligation to pay.

Basis of reporting

These financial statements include the accounts of all controlled not-for-profit organizations of the Parkland Regional Health Authority Inc. All significant inter-departmental transactions have been eliminated.

The assets, liabilities, revenues and expenses of the following not-for-profit operations have been included in these financial statements:

Devolved facilities:

Dauphin Regional Health Centre
Roblin District Health Centre
Gilbert Plains Health Centre
Grandview Hospital District No. 3B
Dauphin & District Ambulance Service
Roblin & District Ambulance Service
Grandview Personal Care Home
Parkland Regional Hospital Laundry Ltd.
Swan Valley Ambulance Service
Ste. Rose Ambulance Service

Parkland Regional Health Authority Inc.
Notes to the Consolidated Financial Statements

For the year ended March 31, 2004

Contract facilities:

McCreary/Alonsa Health Centre
Hôpital Général – Ste. Rose – General Hospital
Swan Valley Lodge (1991) Inc.
Swan River Valley Hospital
Swan River Valley Personal Care Home Inc.
Benito Health Centre
Winnipegosis – Mossey River Personal Care Home Inc.
Winnipegosis General Hospital
St. Paul's Home (Inc.)
Dr. Gendreau Personal Care Home Inc.
Swan River Hospital District No. 1
Canadian Mental Health Association, Swan Valley Branch, Inc.

The Parkland Regional Health Authority Inc. also receives funding from independent organizations which organize fundraising drives in various geographical areas exclusively for the use of the Parkland Regional Health Authority Inc. or its related entities. The extent of any funding provided by these independent entities is solely at the discretion of the board of directors of the independent entities.

A number of facilities within the Parkland Regional Health Authority Inc. receive donations from charitable foundations. As there is no control, significant influence or economic interest between the Parkland Regional Health Authority Inc. and these foundations no financial information regarding these foundations is reported or disclosed in the financial statements of the Parkland Regional Health Authority Inc.

Deferred benefits

The Authority records a liability for employee future benefits including accrued vacation entitlements, accrued overtime and accrued retirement obligations. In some facilities an expense is not recorded, but instead an offsetting asset described as "Deferred Benefits" is recorded to reflect the expected recovery of these costs from Manitoba Health in the future period in which the expenditures are made.

Temporary investments

Temporary investments are stated at the lower of cost and market value.

Inventory

Inventory is stated at the lower of cost and replacement cost. Cost is determined on the first-in, first-out basis.

Capital assets

Capital assets are recorded at cost. Amortization based on the estimated useful life of the asset is calculated as follows:

Buildings	20 to 40 years straight-line basis
Equipment	4 to 20 years straight-line basis

Parkland Regional Health Authority Inc.

Notes to the Consolidated Financial Statements

For the year ended March 31, 2004

Employee future benefits

The Authority has a contractual commitment to pay out to employees four days salary per year of service upon retirement if they comply with the following conditions:

- a) have ten years service and have reached the age of 55, or
- b) qualify for the "eighty" rule which is calculated by adding the number of years of service to the age of the employee

The Authority has recorded an accrual amount based on an actuarial valuation that includes employees who qualify at the year-end balance sheet date and an estimate for the remainder of the employees who have not yet met the criteria above. Funding for the retirement entitlement is recoverable from Manitoba Health on an out of globe basis in the year of payment.

Each year, the Authority undertakes an actuarial valuation of the accrued retirement entitlements. The significant actuarial assumptions adopted in measuring the Authority's accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 5.5% and a rate of salary increase of 4% plus age related merit/promotion scale with nil for disability.

Due from Manitoba Health

In Globe Funding

In Globe funding is funding approved by Manitoba Health for Regional Health Authority programs unless otherwise specified as Out of Globe funding. This includes volume changes and price increases for the five service categories of Acute Care, Long-Term Care, Community and Mental Health, Home Care and Emergency Response and Transport. All additional costs in these five service categories must be absorbed from within the global funding provided.

Any operating surplus greater than 2% of budget related to In Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Under Manitoba Health policy the Regional Health Authority is responsible for In Globe deficits, unless otherwise approved by Manitoba Health.

Parkland Regional Health Authority Inc.
Notes to the Consolidated Financial Statements

For the year ended March 31, 2004

Out of Globe Funding

Out of Globe funding is funding approved by Manitoba Health for specific programs.

Any operating surplus related to Out of Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Conversely, any operating deficit related to Out of Globe funding arrangements is recorded on the statement of financial position as a receivable from Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time, Manitoba Health determines their final funding approvals which indicate the portion of the deficit that will be paid to the Authority. Any unapproved costs not paid by Manitoba Health are absorbed by the Authority.

Revenue recognition

The Parkland Regional Health Authority Inc. follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributions received for the periodic repayment of long-term debt

Funding provided by Manitoba Health for the periodic repayment of long-term debt is recorded as a deferred contribution. Amortization to revenue of this deferred contribution is recorded on a straight-line basis over the estimated useful life of the related capital assets.

Contributed services

A number of individuals donate significant amounts of time to the Organization's activities. No amount is reflected in the statements for donated services since no objective basis is available to measure the value of such services.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Estimates are made for amortization based on the useful lives of capital assets, amounts due from Manitoba Health, revenue from Manitoba Health and In Globe and Out of Globe funding that is not yet approved.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are reported in operations in the periods in which they become known.

Parkland Regional Health Authority Inc.

Notes to the Consolidated Financial Statements

For the year ended March 31, 2004

3. Deferred benefits

Accrued employee benefit costs including vacation pay, unused statutory holiday pay, unpaid overtime and pre-retirement benefits are recorded as deferred benefits. In the devolved and one contract facility, changes in the amount of both the accrued liability for these costs and the change in the related amounts receivable from Manitoba Health are reflected in the statement of operations, all other contract facilities have chosen to adopt this policy in the coming year.

The pre-retirement benefits are determined by an actuarial valuation. The latest actuarial valuation of the pre-retirement leave as of March 31, 2004 - based on March 31, 2002 report - reports an obligation of \$5,206,259 (\$1,590,806 classified as a portion of the current assets and \$3,615,453 as long-term).

4. Accounts receivable

	2004	2003
Ambulance	230,634	85,383
Residents/ Patients	101,410	147,495
Other	522,584	831,693
Province of Manitoba	66,997	28,281
Manitoba Nurses Union	18,471	14,052
Accrued interest	20,608	19,487
	960,704	1,126,391

5. Due from Manitoba Health

	2004	2003
Current years Operating Funding	724,790	810,397
Out of Globe – 2002/2003	(157,484)	(108,851)
Out of Globe – 2003/2004	(167,837)	-
Approved Capital Funding	570,527	596,341
	969,996	1,297,887

6. Long-term investments

	2004	2003
Manitoba Health sinking fund-trust account, various short-term and long-term investments earning interest of 2.85 to 6%. Sinking fund payments in each of the next five years will be \$573,750. Fair market value of instruments are \$13,827,900.	13,827,900	12,694,931
Manitoba Health sinking fund – trust account, various short-term and long-term investments earning an average interest rate of 3%. Sinking fund payments in each of the next five years will be \$77,848. Fair market value of instruments are \$93,331.	93,331	95,934
Various investments	165,459	200,161
	14,086,690	12,991,026

Parkland Regional Health Authority Inc.
Notes to the Consolidated Financial Statements

For the year ended March 31, 2004

7. Capital assets

	Cost	Accumulated Amortization	2004 <i>Net Book Value</i>	2003 <i>Net Book Value</i>
Land	586,685	-	586,685	586,685
Buildings	76,538,637	(28,720,772)	47,817,865	49,096,318
Equipment	26,451,854	(20,274,539)	6,177,315	6,575,242
Construction in progress	7,280,590	-	7,280,590	4,968,554
	110,857,766	(48,995,311)	61,862,455	61,226,799

8. Long-term debt

	2004	2003
Mortgage Payable Canada Mortgage & Housing Corporation bearing interest at a rate of 9.625% and payable in monthly installments of \$8,605 including interest and principal.	957,068	966,522
Mortgage Payable Canada Mortgage & Housing Corporation bearing interest at 8.00%, payable in monthly installments of \$2,679 including interest, secured by a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility.	342,586	347,563
Mortgage Payable Canada Mortgage & Housing Corporation bearing interest at 8.00%, payable in monthly installments of \$2,245 including interest, secured by a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility.	277,635	282,513
Mortgage Payable Canada Mortgage & Housing Corporation bearing interest at 9.625%, payable in monthly installments of \$2,336 including interest, secured by a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility.	318,446	321,485
Loan Payable GMAC bearing interest at 1.900%, payable in monthly installments of \$578 including interest, secured by a 2002 Chevrolet Venture.	22,978	-
Loan Payable Province of Manitoba, non interest bearing.	120,000	-

Continued on following page

Parkland Regional Health Authority Inc.
Notes to the Consolidated Financial Statements
For the year ended March 31, 2004

Continued from previous page

	2004	2003
Mortgage Payable Canada Mortgage and Housing Corporation bearing interest at 4.970% payable in monthly installments of \$3,769 including interest, secured by a first mortgage and assignment of fire insurance coverage on the building with a net book value of \$420,675.	429,668	453,076
Mortgage Payable Canada Mortgage & Housing Corporation bearing interest at 6.375%, payable in monthly installments of \$3,688 including interest, secured by a first mortgage on buildings, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility, due 2019.	440,145	456,152
Loan Payable TD Canada Trust, bearing interest at prime less .500%, payable in monthly installments of \$1,530 plus interest.	54,898	73,258
Loan Payable TD Canada Trust, bearing interest at prime less .750%, payable in monthly installments of \$6,625 plus interest.	522,838	594,601
Loan Payable Swan Valley Credit Union bearing interest at 3.750%, payable in monthly installments of \$8,790 plus interest, secured by the Swan Valley Personal Care Home Inc. building having a net book value of \$1,782,868.	744,346	860,404
Loan Payable Canada Mortgage and Housing Corporation bearing interest at 7.250% payable in monthly installments of \$3,124 including interest, secured by the Swan Valley Personal Care Home Inc. building having a net book value of \$1,782,868, maturing 2022.	386,805	396,296
Loan Payable TD Canada Trust, bearing interest at prime less .500%, payable in monthly installments of \$1,835 plus interest, secured by the Swan Valley Personal Care Home Inc. building having a net book value of \$1,782,868, no fixed repayment terms.	76,685	98,705
Mortgage Payable Dauphin Plains Credit Union, bearing interest at prime, currently 4.250% payable in monthly installments of \$14,105 plus interest, secured by a letter of comfort.	1,028,926	1,195,108

Parkland Regional Health Authority Inc.
Notes to the Consolidated Financial Statements

For the year ended March 31, 2004

	2004	2003
Mortgage Payable		
Canada Mortgage and Housing Corporation mortgage payable, bearing interest at 8.000%, payable in monthly installments of \$2,235 including interest, secured by a first mortgage on the Dr. Gendreau Memorial Personal Care Home Inc. building having a net book value of \$3,497,200, a letter of comfort from Manitoba Health, a promissory note signed by the facility, and a borrowing resolution signed by the facility, due 2025.	273,341	278,260
Debenture Payable	-	18,000
Loan Payable	-	12,900
Demand Loan	-	24,316
	5,996,365	6,379,159
Amount due within one year included in current liabilities	500,000	500,000
	5,496,365	5,879,159

Principal repayments required in each of the next five years are estimated as follows:

2005	500,000
2006	530,000
2007	530,000
2008	510,000
2009	510,000

9. Manitoba Health operating income	2004
Revenue as per Manitoba Health's final funding document	82,447,162
Add:	
Pharmacist retention bonus	81,710
Salary increments	392,018
Medical remuneration (prior year payment)	94,479
	568,207
Deduct:	
Payments to Manitoba Health for surplus funding for out-of-globe items	83,015,369
	(167,837)
Total funding approved by Manitoba Health	82,847,532

Continued on next page

Parkland Regional Health Authority Inc.
Notes to the Consolidated Financial Statements
For the year ended March 31, 2004

Continued from previous page

2004

Add:	Hepatitis B Program	50,796
	Influenza Program	43,334
	Community Health Needs Assessment	39,514
	International Classification of Diseases Version 10 Upgrade	7,873
	Self Help Centre	41,600
	Employee Future Benefits	1,081,113
		1,264,230
Previous year settlement's adjustments		467,049
Deduct:	Amounts recorded as deferred contributions for:	
	- Long-term debt	1,765,341
	- Equipment funding	459,864
	- Major repairs	37,488
		(2,262,693)
		82,316,118

10. Regional Health Authority Inc. costs

	2004	2003
Corporate office salaries	625,897	595,684
Corporate office benefits	84,438	78,472
Expenses paid on behalf of facilities	47,588	42,826
Board expenses	123,140	93,559
Medical recruitment	11,983	5,427
Nursing formal education	63,996	32,558
Other	309,058	285,064
	1,266,100	1,133,590

11. Pension plan

Substantially all of the employees of the Authority are members of the Health Employees Pension Plan (HEPP) or the Civil Service Superannuation Plan (CSSP). HEPP is a multi-employer defined benefit pension plan, which is accounted for as a defined contribution plan. The plan is available to all eligible employees of the participating members of the Authority. Former civil servants transferred to the Authority remained members of the CSSP which is a government based defined benefit plan. All new Authority employees are eligible to join HEPP and not the CSSP.

The most recent actuarial valuation of HEPP at December 31, 2002 indicated the Plan is fully funded. Contributions to the Plan made during the year by the Authority on behalf of its employees amounted to \$2,073,759 and are included in the Statement of Operations. The Civil Service Superannuation Plan is unfunded and requires no contributions by the Authority.

Parkland Regional Health Authority Inc.
Notes to the Consolidated Financial Statements
For the year ended March 31, 2004

12. Deferred contributions

Deferred contributions represent capital funding received from Manitoba Health or donations received from other sources restricted for the purchase of depreciable capital assets and/or future expenses.

13. Invested in capital assets

2004

Cash	563,044
Temporary investments	42,430
Long-term investments	13,941,620
Capital assets	61,862,455
Due to operating fund	(13,295)
Accounts payable	(610,898)
Long-term debt	(5,996,365)
Deferred contributions	(66,450,653)
	<hr/>
	3,338,338

14. Financial instruments

The Parkland Regional Health Authority Inc.'s financial instruments consist of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and long-term debt. Unless otherwise noted, it is management's opinion that the Parkland Regional Health Authority Inc. is not exposed to significant interest, currency or credit risks arising from these financial instruments.

Fair Value

The carrying amount of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and accrued liabilities approximates their fair value due to the short-term maturities of these items. The carrying amount of the organization's investments and loans approximates their fair value as the investments and loans have currently prevailing interest rates.

15. Economic dependence

The Parkland Regional Health Authority Inc. received 83% of its total revenue for the year ended March 31, 2004 from Manitoba Health.

16. Comparative amounts

Certain of the prior year's figures have been restated in order to conform with the presentation adopted for the current year.

17. Amalgamation

During the year, Parkland Regional Health Authority Inc. combined Swan Valley and District Ambulance on October 31, 2003 and Ste. Rose and District Ambulance on January 1, 2004 with their current operations. Assets were transferred at net book value.

Parkland Regional Health Authority Inc.
Notes to the Consolidated Financial Statements
For the year ended March 31, 2004

18. Change in Accounting Policy

Effective April 1, 2003, Manitoba Health changed its funding methodology for future employee benefits. Employee retirement benefits are accrued as incurred based on an actuarial estimation while vacation benefits are accrued as employees earn the benefits. Previously, these costs were charged to income and expense as amounts were paid.

At March 31, 2004, Manitoba Health has agreed to fund the existing liabilities and, therefore, the amounts previously recorded as deferred benefit entitlement are now classified as receivables. Due to the nature of the benefits, the employee retirement benefits receivable and payable are classified as long-term whereas the vacation benefits receivable and payable are classified as current.

Appendix A

	2001/02	2002/03	2003/04
Working Capital Ratio Ratio of current assets to Current Liabilities (Provides an indication of ability to pay current liabilities).	1.38	1.51	1.27
Administration Cost Ratio Administration costs as a % of total expenses	7.1	7.5	7.2
Remaining Useful Life of Capital Equipment Ration of net book value of capital equipment to amortization expenses (Provides an estimate of the remaining useful life of capital equipment in years)	5.15	4.37	3.29

Public Sector Compensation Disclosure Act

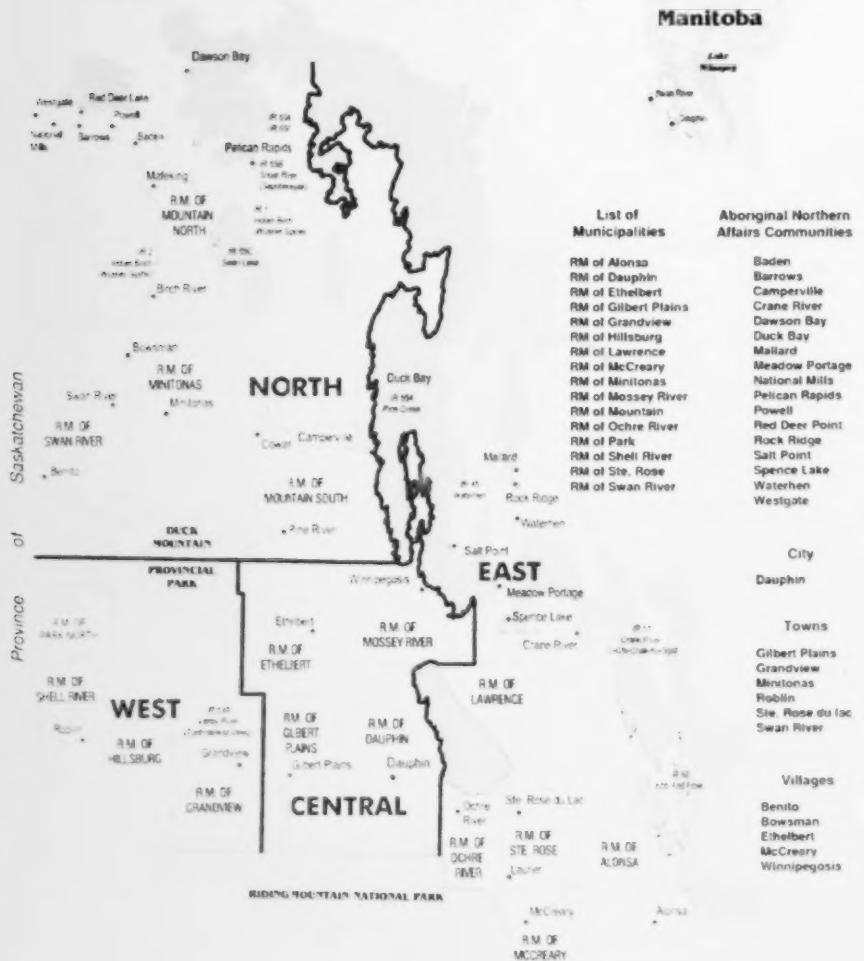
The Public Sector Compensation Disclosure Act requires that the RHA disclose to the Public, the amount of compensation it pays or provides in the fiscal year or calendar year directly or indirectly. Reported figures are to include:

- All overtime payments, retirement or severance payments, lump sum payments and vacation payouts;
- The value of loan or loan interest obligations that have been extinguished and the value of imputed interest benefits from loans;
- Long term incentive plan earnings and payouts;
- The value of the benefit derived from vehicles or allowances with respect to vehicles;
- The value of the benefit derived from living accommodation or any subsidy with respect to living accommodation;
- Payments made for exceptional benefits not provided to the majority of employees of the public sector body;
- The amount of compensation paid to its Board Chair, its board members in the aggregate, or its officers and employees if the compensation is \$50,000 or more;
- Payments for memberships in recreational clubs or organizations; and,
- The value of any other payment or benefit that may be prescribed in the regulations.

Information related to the Public Sector Disclosure Act can be obtained directly from the Regional Health Authority.

Appendix B

Parkland Regional Health Authority



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